

HCBS Compliance Assessment Packet for NON-CMHC POCO RESIDENTIAL SETTINGS

Information and Instruction Sheet for Providers

This packet, provided by the Division of Mental Health and Addiction (DMHA) State Evaluation Team (SET), is designed to assist community mental health center (CMHC) staff in assessing residential settings which are not owned, controlled, or operated by the CMHC for compliance with the Centers for Medicare and Medicaid Services (CMS) Home and Community Based Services (HCBS) Settings Final Rule ("the Final Rule"). Per the Final Rule, CMHCs are responsible for assessing and ensuring the HCBS compliance of the residential setting for every member applying for or participating in any Medicaid HCBS program, including the two 1915(i) Medicaid State Plan Benefit mental health programs for adults in Indiana: Adult Mental Health Habilitation (AMHH) and Behavioral and Primary Healthcare Coordination (BPHC). Indiana's HCBS Statewide Transition Plan (STP) tasks individual CMHCs with assessing and, where required, ensuring the HCBS compliance of a member's residential setting when the member does not live in a setting owned, controlled, or operated by the CMHC.

Overview of the Assessment and Compliance Determination Process for Non-CMHC POCO Residential Settings

The majority of members participating in AMHH or BPHC live in their own homes, or with a family member in a home owned or rented by that family member, and these settings are presumed to be fully compliant with the requirements of the Final Rule. Other members live in residential settings owned, controlled, or operated by a CMHC, and DMHA has been heavily involved in the assessment and compliance process for those residential settings. A small number of members, however, live in non-CMHC POCO residential settings not owned, controlled, or operated by a CMHC, such as (*this list is not all-inclusive*):

- Residential Care Facilities (RCFs); this category includes licensed Assisted Living Facilities (ALFs) and Adult Family Care Homes (AFCHs)
- County Homes
- Cluster homes or cluster apartments owned by non-profit agencies

Assessing living situations not owned, controlled, or operated by a CMHC can be complicated, because it is possible that a provider of HCBS other than a CMHC may operate or be delivering services at that setting. Those agencies are the Indiana FSSA agencies Division of Aging (DA) and Division of Disability and Rehabilitative Services (DDRS). The two Indiana FSSA agencies, DA and DDRS, administer four other Medicaid HCBS programs, known as 1915(c) Home and Community-Based Waivers:

- Traumatic Brain Injury (TBI; administered by DA)
- Aged and Disabled (A&D; administered by DA)
- Community Integration and Habilitation (CIH; administered by DDRS)
- Family Supports (FS; administered by DDRS)

A member receiving services under any of these 1915(c) waivers also must live in a setting which is HCBS compliant. Many members participating in 1915(c) waiver services live in non-CMHC POCO residential settings, most commonly assisted living facilities or other licensed residential care facilities, since these waiver programs are designed to provide an “institutional level of care” in non-institutional settings. Many of these settings and their staff are approved by DA and/or DDRS to provide the services authorized under a 1915(c) Medicaid waiver.

Responsibility for Assessing and Ensuring HCBS Compliance

1. Non-CMHC POCO Residential Setting –A residential settings NOT owned, controlled, or operated by a CMHC, but which ARE approved providers of one or more 1915(c) Medicaid waiver services, fall under the responsibility of DA and/or DDRS for HCBS assessment and compliance. DA and/or DDRS, depending on the waiver services the setting is approved to provide, makes compliance determinations for these settings.

How Often Must Non-CMHC-POCO Residential Settings Be Assessed?

CMS requires that every setting in which a person receiving Medicaid HCBS lives must be compliant with the requirements of the Final Rule. Settings only need to be assessed for compliance **one time**, unless there are substantive physical or service programming changes at the setting which could conceivably have an impact on the setting’s HCBS compliance status. Examples of “substantive changes” include:

1. Removal of lockable bedroom or bathroom doors
2. Changes to meal arrangements or food availability
3. Implementation of curfew or visiting hours
4. Change in ownership or operation of the setting
5. Change in status of setting being an approved provider of Medicaid 1915(c) waiver services

Determining Whether a Residential Setting is an Approved Provider of 1915(c) Medicaid Waiver Services

A key step in determining the agency responsible for assessing and ensuring HCBS compliance for a non-CMHC POCO residential setting is to determine whether the setting is an approved provider of Medicaid waiver services. When a provider determines the residential setting to not be a POCO or private/independent home, the provider should contact DMHA at DMHAAAdultHCBS@fssa.IN.gov so DMHA can collaborate with DA or DDRS to determine compliance designation. When emailing DMHA, please provide the a) setting name and b) the setting address so further research can be conducted regarding under whose authority the setting lies for the responsibility of assessment.

Although not a requirement, if the provider wants to research the setting, there are a few resources to help determine whether the setting is an approved Medicaid waiver service provider:

1. There is a search function available on the Indiana Medicaid website, which allows users to locate waiver service providers in Indiana. Use the following link:

<http://www.indianamedicaid.com/ihcp/ProviderServices/ProviderSearch.aspx>

The screenshot shows the 'Provider Search' page. It includes an 'Important' notice, instructions for HIP, Hoosier Care Connect, and Hoosier Healthwise members, and a search form. The form has two main sections: 'Provider' and 'Specialty'. The 'Provider' section has radio buttons for Physician, Pharmacy, Dentist, Hospital, and Other (selected), and a dropdown menu set to 'Waiver Provider'. The 'Specialty' section has a list of options with 'Aged & Disabled Waiver (A&D)' selected. A 'Hint' box explains how to select multiple specialties. Two callout boxes provide additional instructions: one for selecting 'Other' and 'Waiver Provider', and another for selecting 'Aged & Disabled Waiver (A&D)' as an example.

Provider Search

Important: This search finds providers of medical services enrolled with Indiana Medicaid. However, these providers may not be accepting new patients or patients in every Medicaid program. You should contact the provider directly to see whether he or she is accepting new patients. Be sure to tell the provider that you have Medicaid coverage.

If you are enrolled in Healthy Indiana Plan (HIP), Hoosier Care Connect, or Hoosier Healthwise, you should contact your health plan to find medical providers in your plan's provider network. You may use this site to find dental providers but must call the provider to ensure that he or she is accepting your coverage type.

Provider

Physician

Pharmacy

Dentist

Hospital

Other

Specialty

A&D Structured Family Caregiving

A&D Transportation

A&D Vehicle Modifications

Aged & Disabled Waiver (A&D)

Autism Waiver

CA PRTF Demonstration Waiver Grant

Hint: To select multiple specialties, hold down the 'Ctrl' key while selecting each specialty. If 'All Specialties' is selected, there is no need to select individual specialties.

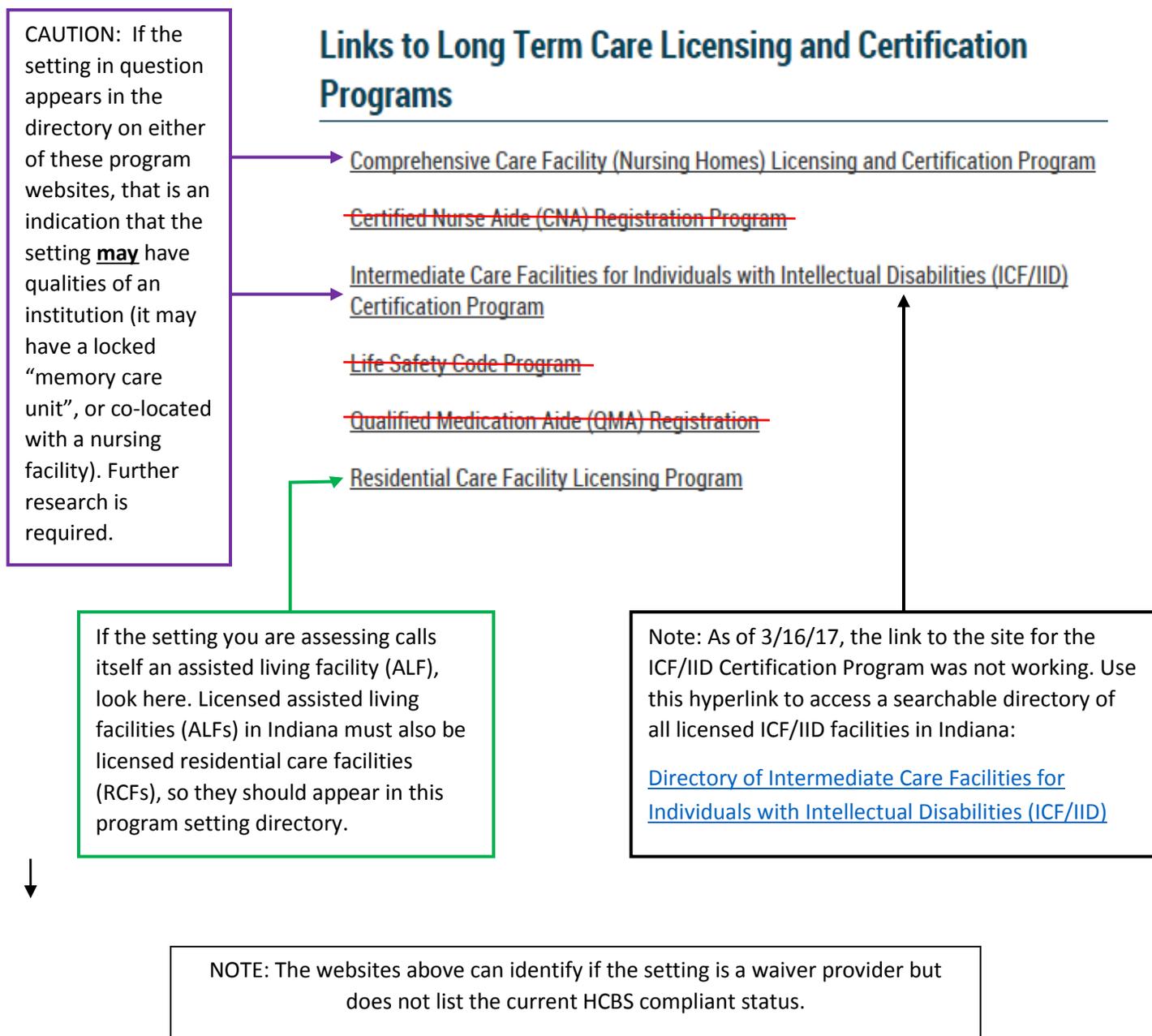
Under **Provider** select "Other", then select "Waiver Provider" from the adjacent pull-down menu.

Under **Specialty** you can select a specific waiver, a specific waiver service, or all waiver service providers.

Aged & Disabled Waiver (A&D) is selected here as an example.

The search results can be narrowed by setting name or geographic region. If the setting is found, a list of the Medicaid waiver services the setting is approved to provide will be displayed.

2. On the Indiana State Department of Health website, there is a list of all licensed and certified long term care programs in Indiana. Go to <http://www.in.gov/isdh/23260.htm> and scroll down to “Links to Long Term Care Licensing and Certification Programs”. The three links indicated by arrows in the picture below [*Comprehensive Care Facility (Nursing Homes) Licensing and Certification Program*, *Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Certification Program*, and *Residential Care Facility Licensing Program*] take you to the website for each respective program, and those program websites all have directories that are searchable by city or county, or an alphabetical list may be viewed. The links struck through in red are to individual certification programs, and are probably not useful in trying to determine whether a setting is an approved Medicaid waiver services provider.



Procedure to complete the Non-CMHC POCO Residential Setting Assessment Worksheet

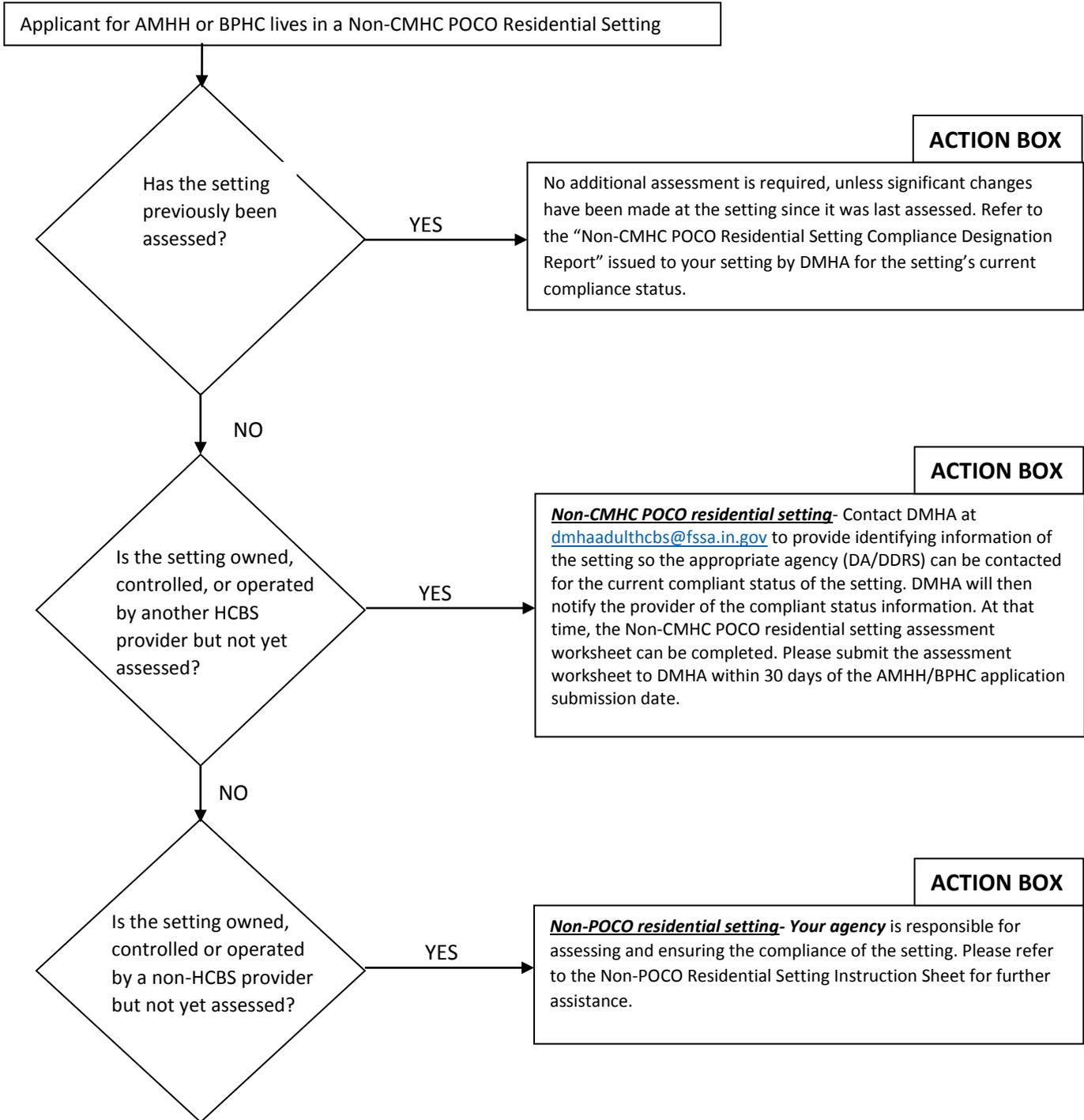
Resources are available to help CMHCs determine whether a setting is an approved provider of Medicaid 1915(c) waiver services as described on pages 3 and 4 of this information sheet. It is **ESSENTIAL** that a CMHC notify DMHA when a non-CMHC POCO residential setting is newly identified. DMHA will contact the appropriate waiver provider (DA or DDRS) to identify the current compliant status of the setting. The assessment, compliance determination, and, when required, remediation process is described in this section.

1. The provider will notify DMHA the need to confirm the setting is under the authority of DA and/or DDRS.
2. Once DMHA receives verification of the setting and its compliance designation from DA and/or DDRS, the provider will be notified of the information.
3. The provider then can complete the Non-CMHC POCO Residential Setting Assessment Worksheet. The worksheet needs to be completed and submitted to DMHA within 30 days of submitting the AMHH/BPHC application. Please email the completed worksheet in **EXCEL format** to DMHAAdultHCBS@fssa.IN.gov

NOTE: For non-CMHC POCO residential settings, the CMHC is responsible for working with DA and/or DDRS to address the HCBS non-compliant findings.

4. Steps for Completing the Non- CMHC POCO Residential Setting Assessment Worksheet
 - a. **Section 1: Setting Identification, Description, and Operation Information**
 - Enter the following required information:
 - *CMHC Conducting Assessment*
 - *Date of Assessment*
 - *Setting Name*
 - *Setting Address*
 - *Setting Operating Authority* (the organization, company, or other entity that operates the setting, and has authority to implement any required remediation at the setting)
 - *Description of the setting* (type of setting, licensure/certification status, number of residents, type of services provided, etc.)
 - Answer the three questions:
 - Was the setting established, or did the setting begin providing services to residents, prior to March 17, 2014?
 - Is the setting owned, controlled, or operated by a CMHC?
 - Is the setting an approved provider of 1915(c) Medicaid waiver services? ****If the answer is YES, then follow the Non-CMHC POCO Assessment Worksheet process****

Flow Chart for Determining Assessment/Compliance Responsibility – Non-CMHC POCO Residential Settings



AMHH/BPHC DARMHA Application Process

For Non-CMHC POCO residential settings, the CMHC initiates the following process:

1. Once the CMHC receives confirmation from either the DA and/or DDRS or DMHA on the compliance status, CMHC completes the “Non-CMHC POCO Residential Setting Assessment Worksheet” and the completed worksheet is submitted to the DMHA at DMHAAdultHCBS@fssa.IN.gov within 30 days from the AMHH/BPHC applications submission date.
2. Residential Setting Screening Tool- Revised (RSST-R)-For settings which are not owned, controlled, or operated by a CMHC but is under the authority of an approved provider of 1915(c) Medicaid waiver services (DA or DDRS), the compliance designation is determined by DA/DRRS and supersedes the compliance designation your agency may derive through completion of the RSST-R. In Section 4 of the RSST-R, select the compliance designation for the setting as determined by DMHA and have the member sign.

Select here for all identified non-CMHC POCO residential settings, regardless of the setting's compliance designation, and regardless of whether the “Non-CMHC POCO Residential Setting Assessment Worksheet” has been submitted to DMHA.

Current Living Situation :

Community-based Settings:

- Homeless
- Private/Independent Home
- Non-POCO residential setting
- POCO Residential Setting
- Potential Presumed Institutional setting

Institutional Settings:

- Nursing Home
- Hospital
- Institution for Mental Disease (IMD)
- ICF/IID
- Jail/Correctional Facility

Note: The DARMHA application may be submitted before the “Non-CMHC POCO Residential Setting Assessment Worksheet” is completed and submitted to DMHA, but “Non-CMHC POCO Residential Setting Assessment Worksheet” must be submitted within 30 days of the application submission.

Compliance Designations for Non-CMHC POCO Residential Settings

As mentioned in previous sections of this instruction sheet, if the setting is under the authority of DA and/or DDRS, they are responsible for making the compliance determinations for the 1915(c) waiver providers. DMHA strongly encourages all CMHCs to work with DA and/or DDRS when working towards compliance with the HCBS Final Settings Rule.